

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/572790

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | 1 | | | |
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| 26 | | | | | 2 | |
| 27 | | | | | 2 | |
| 28 | | | | | 2 | |
| 29 | | | | | 1 | |
| 30 | | | | | 1 | |
| 31 | | | | | 1 | |
| 32 | | | | | 1 | |
| 33 | | | | | 1 | |
| 34 | | | | | 1 | |
| 35 | | | | | 1 | |
| 36 | | | | | 1 | |
| 37 | | | | | 1 | |
| 38 | | | | | 1 | |
| 39 | | | | | 1 | |
| 40 | | | | | 1 | |
| 41 | | | | | 1 | |
| 42 | | | | | 1 | |
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| 45 | | | | | 1 | |
| 46 | | | | | 1 | |
| 47 | | | | | 1 | |
| 48 | | | | | 1 | |
| 49 | | | | | 1 | |
| 50 | | | | | 1 | |
| TOTAL IND. | | | 3 | | 8 | |
| TOTAL DEP. | | | 37 | | | |
| TOTAL CLAIMS | | | 40 | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51 | | | | | | |
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| 99 | | | | | | |
| 100 | | | | | | |
| TOTAL IND. | | | | | 50 | |
| TOTAL DEP. | | | | | 81 | |
| TOTAL CLAIMS | | | | | 131 | |